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THUMB-SUCKING

BY

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THUMB-SUCKING—A SYMPTOM.

Why does a baby suck his thumb? Did you ever stop to think that there must be a reason?

Doubtless in the beginning he "wanted something." He was quite uncomfortable and quite by accident, incident to his restlessness, his thumb found its way into his mouth. He kept it there or returned it there because it gives him some satisfaction. We are told that the mouth is one of the three centers of the body where the greatest number of nerves end, and is therefore extremely sensitive. All gratification which he has known has come through these nerves from the sucking of food. Now he lays hold of his thumb and gets a certain simulation of this satisfaction since the gastric juice becomes active and possibly in some measure relieves the discomfort of the stomach.

But it must be some stronger reason which leads him to acquire the habit of putting his thumb into his mouth. If we take into consideration—what specialists believe—that the sensations of the little child are very indistinct and his impressions very vague, we must conclude that nothing short of an imperative demand with a very young baby could prove so strong a stimulation as to lead to an effort of self-gratification. But in what does the self-produced comfort consist? What leads to such persistent practice and the formation of a habit sometimes very difficult to break?

We are told that "making a rhythm" is a real creation, *a self-expression* of no mean order. Self-expression always gives happiness. In sucking his thumb, the baby has created a rhythm which, to quote Dr. Seashore in his "Psychology in Daily Life," is "one of the well-nigh universal periodicities of nature which we instinctively crave." He continues, "What, then, is the nature of the pleasure in rhythm? Rhythm gives a stimulating lulling effect, indicative of an inceptive elation and ecstasy. It is purposive and passive, it is effective and easy. And why is the effective and easy so agreeable? Because human nature craves the largest returns for the minimum outlay. And why does human nature crave this? Because it tends to preserve life."

For eighteen months it was my privilege to visit daily and many times oftener an ever-shifting institution family of thirty babies under two years of age. After close observation I came to the conclusion that a thoroughly well, rapidly developing child is not often addicted to thumb-sucking. A hopelessly ill baby does not find comfort in his thumb. If a child apparently "has no chance" and still sucks his thumb, there is hope. When an infant who is "not thriving" is given a wet nurse, he at once pays less attention to his thumb. In other words, thumb-sucking seems to indicate a decided need, with power enough to make a struggle to get satisfaction. These institution babies were never given a "pacifier" and the thumb was discouraged with moderate vigor, and yet they were almost universally addicted to the habit. It is only a small percentage of children in homes who are thumb-suckers.

What generalization, then, is to be drawn? These babies had the personal attention of a child specialist of much more than local fame. The nurses were senior students in a local hospital, and they were under a very wonderful "head nurse," whose love for her work was unquestioned and whose training had been exceptional. Hence, from

a physical standpoint, their care was excellent. They could not, of course, have the individual "mothering" attention which a baby gets in its home. In some cases a young nurse would become especially attached to a certain baby by very reason of its forlorn, pitable condition. She was allowed to "special" this child, that is, she would give it every moment of her spare time. She would talk to it, play with it, as often as possible give it the necessary physical care, and take it frequently in her arms and cuddle it. Sometimes this attention would bring a decided improvement to a child in three or four days. Often, after a few weeks the little chap would be lifted from the class of hopeless, unattractive little tots to the ranks of the chubby, bright-eyed darlings that everyone coveted and admired. (Excessive thumb-sucking invariably ceased in the process.)

A wet nurse was often the solution of a frail baby's difficulties, but two young women with equally nutritious milk may differ very much in their powers to "bring a baby through." Not only does such a nurse have the power to "hold up" her milk for her own child, which she is also nursing, but if she, for any reason, does not wish to feed a child, her milk does not seem to agree with him. In one particular case one of our babies had a very narrow escape. Instead of the help we had hoped he would gain, he took a sudden and well-nigh fatal back-set. We found that the wet nurse "just hated to touch him." One of our fortunate neighbors, the wife of a banker, gave birth to a son, and with his advent came an unusual wealth of food which he could not use. Knowing how precious is this milk, this mother, who might well have been giving her attention to ridding herself of mammalian responsibilities, as do many of her sisters, carefully garnered the riches and sent it to the little motherless babies. It really helped materially with one delicate child. It seemed to me one of the most intelligent services I have ever known a thoughtful woman to give, but it did not do the wonderful thing which taking the milk from the breast does under the best circumstances.

Studying these conditions led to the conclusion that there is an element of "mothering" that babies need which is neither physical attention nor physical food. It is not merely mother's milk that must be given, but a communication of vitality through physical expressions of love. This was really what the good wet nurse did which made her better than the woman who simply gave her milk. It is a something which would naturally go with maternal nursing, but which is not necessarily of it. It seems reasonable that it is the lack of this phase of mothering which the institution baby is always seeking to supply. It is the "something" which he always wants.

Years before, I had seen a little child, by an illness of the mother, deprived of her natural food. At first she refused to take nourishment; but, by and by, when very hungry, accepted her bottle, and with the tears streaming down her chubby little face, she made a compromise with an unkind fate by slipping her hand inside her stocking and rhythmically stroking a little fat leg while the bottle was drained. From that time on she thus consoled herself. Now I could see that she, so far as was possible, was supplying for herself the creature comfort which her mother's breast had been to her, and I felt sure that our little waifs, so far as possible, were supplying to themselves

with what the vital pulse of mother love would have been to them, in the poor little, self-induced rhythm of thumb-sucking. This is easily understood, if Seashore is right when he says, "Rhythm gives a sense of freedom and luxury; rhythm gives a sense of power—it carries; rhythm finds a resonance in the whole organism." We understand more clearly how with the waif it is an effort at self-preservation, justifiable self-satisfaction and "tends to preserve life."

"But," you say, "my baby has a perfectly good mother and still he sucks his thumb. Of course, I do not nurse him, but I tend him." If a baby were not restless within and dissatisfied, he would not put his thumb into his mouth. The fact that you "tend" him may sometimes make him more anxious for his thumb, for you may be nervous and "fluttered," or, what is a more serious possibility, you may, when you had full control of the little one's conditions, quite unconsciously and unintentionally, in some way, have depleted him. The demands upon the woman of today are so new, unusual and varying that it is very difficult for her to adjust to them socially, physically and mentally. What woman is not at times overborne? And happy, indeed, is the woman who is sure that she has not before their birth depleted her children. We are learning a little of eugenics. Possibly, in time we may be able to understand the why, and prevent this sad happening.

The thumb-sucking baby wants rhythm, vitality, life, to fill in somewhat within himself where there is a lack, a craving which demands satisfaction. If this be true, thumb-sucking is a symptom, and the "breaking of the habit" lies in the restoring of the condition of vital poise and physical vigor in the child.

While I was in the midst of my study of the little thumb-sucking babies I read some discussion on the subject by Dr. Earl Barnes. He considers thumb-sucking, finger-sucking, or even a dry nipple a thing which should be stopped. "Not," he says, "by argument or by the instilling of ideas, but simply by stopping it. Slap hands if necessary." In mitigation of the crime of these infant miscreants, he urges that the morals of our daily conduct, a vast deal of it, is due to what is stored up in the spinal cord. Gradually it became clear to me that when Dr. Barnes talks of cure through the epidermis he has in mind roly-poly little boys, with several sets of ancestral silver spoons waiting to be indented by their first incisors. He has not studied as have I the institution baby, with its slight chance of life. If he could have seen Phyllis and Gertrude ————.

These were two wee, wizened girls. Phyllis was a long baby. When she was two months old she weighed four pounds. Gertrude was of slighter frame and brought the scales down to three. Every day for months, as I peeped under the blankets, quite expecting each time that life might have flown, there they were, still animate, tugging away at thumbs too small almost to be observed. The fact that Dr. Barnes' vision is of children classed as fortunate and mine of these forlorn, shows only two very different phases of the same problem and proves, if, as I believe, the two little girls were held back from eternity by their thumbs, that at least no infant should be deterred from using his—by drastic measures.

May it not be possible that the distinctly evil and sensuous later practices with which Dr. Barnes directly compares thumb-sucking, may also be symptoms of a depleted condition on the part of children

who fall into these errors? If so, the fact should be recognized and the children treated with sympathy and intelligence rather than by harsh methods, not because harsh methods are unpleasant, but because they are ineffective. They merely induce shame and confusion in the mind of the child, who is a sufferer rather than a sinner.

A law of our being makes us sensitive to "atmosphere." All children, and, in fact, all adults, dread a person who is "cross," because when in that mood one disturbs harmony, he "hurts." "Don't you love me?" whispers the little child when he has stood by his father's office desk a few moments watching him wrestle with "affairs." "There is one thing I have made up my mind to," exclaims a half-grown girl, with whom I spend my evenings, and then as I look up she finishes, "and that is, that my mother doesn't love me." Then I know that I have gotten very much engrossed in my own problems of thought and she desires to turn my attention to herself. Well-cared-for children must be held at close range. That is "living with," cameraderie. We may know in time that the deepest meaning of all relationships of human contact is adequate vital exchange.

The most serious case of bondage to the thumb-sucking that I have ever personally known was my friend Helen. She was an earnest girl, of a refined family. Always and always there were times when she must have her thumb. As she grew older all ordinary and some extraordinary cures were tried. Time went on. The ridicule of brothers and sisters and the jests of the family were alike unavailable. When a strange sinking within came, she *had* to get help. She knew no other way to poise. So she hid and sucked her thumb. In this way she got quiet. If her parents could have guessed the seriousness of her distress, they would have been deeply concerned. She did not know how to tell them and they did not understand. Helen had been born with a great unsatisfied need. The times when she had this strange unrest grew less frequent as she grew older. She came into a strong young girlhood, but still, on occasion when she was distressed and uncomfortable, ofttimes behind a book she found her thumb. When she was fourteen, as the Lenten season drew near, the children discussed what should be made the test of self-control and self-denial. When it came Helen's turn, she said, "I will give up my thumb," and she did. She had gained poise, discarded her device and now stood *free*.

To reiterate, a baby sucks its thumb because it eases a distress or discomfort. Sucking the thumb helps a discomfort, because it creates a rhythm which, by the laws of life, is a soothing self-expression. Self-expression always brings comfort, happiness, growth. He continues to find his thumb, because the need of soothing, self-expression remains, because "it tends to preserve life." The child's necessity is as likely "nerves" or lack of poise as other physical derangement. Such need may result in more serious sensuous self-gratifications. Thumb-sucking is the child's effort to center, to concentrate, to "get on."

Miss Blow says, "All rhythmic movements and all rhythmic sounds may be translated into the tireless affirmation, 'I am I.'" He is unconsciously like those who gaze into crystal spheres, because they believe they thereby clarify their spiritual vision and are self-restored.

"An interesting theory," you say, "but nevertheless, we don't want our children sucking their thumbs." Certainly not. Let us treat it as a symptom and supply the requirements of the child. It is when "older babies" are tired or near sleepy time or unhappy by reproof or misunderstanding, that they are most likely to seek comfort from the thumb. Let us, as their care-takers, "understand" and hold the little fingers a few minutes while we comfort and satisfy them with the warmth and steadiness of our grasp. Thus the rhythm of our love expressions meets and fills the need. There are other helpful rhythms also. There is the rhythm of music, of poetry, of the swing and of dancing feet, as soon as he has healthy growth enough to go forward, seeking independent development. The sweetest rhythm in the world is the mother-singing as, to the child, the most vital magnetism in the world is the mother-presence. The restless little one needs intelligent "mothering," if not from his natural mother, from a vigorous woman of maternal instincts and impulses. The accepted theory that children should be put off by themselves to go to sleep alone is excellent, like other theories, if it works. It is well for the child who quickly drops asleep, but no little one should be long awake alone in the darkness. The music of the piano, the little song and the prayer should fill in the few moments before unconsciousness comes. A favorite toy or dolly or Teddy bear to take to bed and tend will sometimes help. It may be that thumb-sucking has increased since cradles went out of fashion.

A thumb-sucking child should be especially studied with reference to the material and movements that are attractive to him. The finger-play games, a few of which are known to every one, are very important, and the mother should learn new ones from the kindergartner or invent some to meet her own needs. The toys with which this child plays should be especially studied, and things that he likes should be found for him—simple things, that may be kept clean and that will not readily break. It will be well to remember that you are trying to find for him a means of *growth* and self-expression that will be fun, so that he may find something better than his thumb. Wholesome conditions for general health and aids to active play and enough "nursing" will bring a normal, poised state of comfort which will make sleep come readily and naturally without the self-induced rhythm.

Even when all this has been done, there may be a little shell of the old habit remaining. How many times do you put your tongue against the place where your tooth *was* out, after the skilful dentist has substituted another for you? That, of course, is the shell, the mechanism of habit. The editor of a recent newspaper, after commenting upon the frequently recorded requests for a method "to break the habit of thumb-sucking," says the only thing which he knows as effective, "is to take the child into the back yard and bury it up to its neck!" While this is intended to be humorous, it shows the struggle which many people have had when they try to take from the child this something which means a good deal to him, without replacing it in his life with some better means of growth.

The efficacy of the various more or less mechanical methods which are said to cure probably depends largely upon how near the baby was ready to quit of his own accord at the time you began to try "to break

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him." Very often binding the hands so that the gotten into the mouth at sleep time is effective. quinine and other bad-tasting things with which the offending member has been anointed, have had their share of glory in effecting a release. Someone has recently discovered that a piece of adhesive plaster will strap poor little Mr. Thumb into oblivion and get him forgotten. A bit of "silk courtplaster" may be used to close the mouth hermetically—for the time being effectively preventing the practice. Those who are successful in using the power of suggestion to effect the habits of their children have here a suitable field in which to achieve. In fact, most cases effectively cured have doubtless been materially aided by some one's strong belief that "he would outgrow it."

The Home Progress Magazine recently published a symposium on this theme. Two of the remedies there suggested are here quoted:

"When I read this question, I actually drew in my breath quickly, for it made me think of all I had gone through to break my child of sucking her finger. She did it from the time she was born, and I let her do it, because it kept her quiet, which was a big mistake. When she was eighteen months old I started in to break her of the dreadful habit. I used bitter aloes and quinine, but to no avail. For weeks I sewed a bag on to her sleeve, but at times she would manage to get that finger out, and back it would go in the mouth. One day she asked for an English doll carriage—she was then three. I told her the carriage would come to her if she would keep her finger out of her mouth; but the minute it went back into her mouth, the buggy would disappear. The coveted carriage arrived. The first day she got through beautifully; but the second, I saw the finger go into the mouth. I said nothing, when she went into another room I quietly hid the carriage. When she returned she asked for it. 'Why,' I said, 'has the carriage gone? You must have forgotten and let the finger get into your mouth, and the carriage saw you and has gone away.' After three days the carriage appeared. She never sucked her finger again."

"I tried all available means of breaking my little boy of this habit, from the time he was born until he was over four. Finally he was going away to see his grandpa, and partly by making him ashamed, and at the same time singing to him (which was not customary), he was able to fall asleep without the help of his thumb. In about a week or so he was cured."

Both of these instances seem to be in harmony with the results of my observations. Stimulating the desire to be through with a baby way and substituting some better comfort and means of expression proved successful remedies.

At least this theme is worthy of our serious attention. To nurture is an inexpressible privilege. If our generation is producing new demands or certain requirements in increased measure, it must learn to comprehend and satisfy them. To nurture a child is to give him what he needs for growth. This is our precious function. "The response of life to life" is "the disclosure of human and divine love."

Let us grapple with thumb-sucking as a symptom.